

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5	1		1			
6		5			1	
7					1	
8						
9					1	
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11	1				1	
12	1				1	
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18					1	
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TOTAL IND.			12			
TOTAL DEP.			17			
TOTAL CLAIMS			29			

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

BEST AVAILABLE COPY